

GRANT AGREEMENT FORM (GAF)

OK AS TO FC
RM 12-30-13

This form must be signed by the grant recipient or an appointee with *legal* authority to obligate the recipient. **Make a copy for your records. Return this ORANGE copy to the arts council office within 30 days to initiate payment.**

District Name: Jefferson County Schools
Federal ID:
Address: 3332 Newburg Road
County: JEFFERSON
City: Louisville **State:** KY **Zip:** 40218
District Superintendent: Donna Hargens
Email/Telephone: (502) 485-3200

REVISED

FY: 2014 **APP#:** 9500 **Program:** POL **Grant period:** 11/15/2013 - 3/13/2014

Program/Project Description: Stipend for Shannon Woolley to lead 7 classes in Poetry Out Loud workshops

School: Butler Traditional High School

Contact Teacher: Rebecca Graham

KAC Grant Amount: \$350

Kentucky Arts Council

Lori Meadows
 Lori Meadows, Executive Director

Date 11/26/2013

Schedule for Payment: PLEASE NOTE: You will receive payment within 30 working days of the dates listed below if your signed GAF has been received by KAC.

Date	Amount	Date	Amount
12/15/2013	\$350		

IN ACCEPTING THE GRANT, THE GRANTEE AGREES TO THE FOLLOWING CONDITIONS:

1. Return this GAF, with authorized signature, within 30 days of KAC issuance or risk reallocation of your funding. PLEASE NOTE: KAC will not release funds for this grant if you have any outstanding Final Reports on previous awards or grants.
2. Comply with all state and federal requirements, including:
 - Civil Rights Act of 1964
 - Americans with Disabilities Act
 - Other federal and state compliance regulations
 For more complete information regarding your responsibilities and obligations, refer to the enclosed *Assurance of Compliance* document.
3. Acknowledge KAC in all published materials and announcements (print and electronic) per instructions in the enclosed award letter.
4. Return a final report to KAC within 30 days of the conclusion of the grant period.
5. KAC may terminate this contract if funds are not available without incurring any obligation for payment.

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____